



APPLICATION SPECIAL USE PERMIT

Sup 2009 -0075

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 5150 DUKE STREET ALEXANDRIA, VA 22304

TAX MAP REFERENCE: 58.02-01-04 **ZONE:** CG

APPLICANT

Name: DVA RENAL HEALCARE, INC/
DBA NAME: ALEXANDRIA DIALYSIS

Address: 601 HAWAII STREET EL SEGUNDO, CA 90245

PROPERTY OWNER

Name: _____

Address: _____

SITE USE: KIDNEY DIALYSIS SERVICE ONLY

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☐ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☐ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

DAVID FREDERICK

Print Name of Applicant or Agent

L&C DEPT: S MILLER 5200 VIRGINIA WAY

Mailing/Street Address

BRENTWOOD, TN 37027

City and State Zip Code



Signature

615-320-4218 866-481-5272

Telephone # Fax #

SIDNEY.MILLER@DAVITA.COM

Email address

10/30/2009
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

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The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 97-0052

Date approved: 05 / 06 / 1997
month day year

Name of applicant on most recent special use permit GAMBRO HEALTHCARE

Use _____

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

KIDNEY DIALYSIS SERVICE

DIALYSIS IS A TREATMENT TO REPLACE THE FILTERING FUNCTION OF THE KIDNEYS WHEN THEY REACH
END STAGE RENAL DISEASE. WHEN KIDNEY FUNCTION GOES BELOW ABOUT 15%, KIDNEY DIALYSIS IS
NECESSARY TO CLEAN THE BLOOD, ALSO REMOVES WASTES AND EXCESS FLUID FROM YOUR BODY

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

NO CHANGES

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed.

____ / ____ / ____
month day year

5. Describe any proposed changes to the conditions of the special use permit:

NO CHANGES

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

NO CHANGES

M W F S 5AM TO 9:30 PM

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

21

8. Will there be any renovations or new equipment for the business? ☐ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? ☐ Yes ☒ No

If yes, describe proposed changes:

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10. Is off-street parking provided for your employees? ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

10 FOR TEAMMATES

11. Is off-street parking provided for your customers? ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

30 FOR CUSTOMERS

12. Is there a proposed increase in the number of seats or patrons served? ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

20

Proposed:

13. Are physical changes to the structure or interior space requested? ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. The applicant is the (check one) ☐ Property owner ☒ Lessee

other, please describe:

16. The applicant is the (check one) ☒ Current business owner ☐ Prospective business owner

other, please describe:

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

PLEASE SEE ATTACHMENT



**DVA HEALTHCARE RENAL CARE, INC.
(a NV Corporation)**

**BOARD OF DIRECTORS AND OFFICERS
EIN# 95-2977916**

DIRECTORS

Kent J. Thiry
618 Mountain Home Road
Woodside, CA 94062

OFFICERS

Kent J. Thiry, Chief Executive Officer
618 Mountain Home Road
Woodside, CA 94062

James Hilger, Vice President, Controller
901 North Yakima Avenue
Tacoma, WA 98403

David T. Shapiro, Chief Compliance Officer
598 29th St.
Manhattan Beach, CA 90266

Chetan P. Mehta, Vice President - Finance
1114 Elm Ave.
Manhattan Beach, CA 90266

Javier Rodriguez, Senior. Vice President
517 Watch Hill Road
Villanova, PA 19085

Thomas O. Usilton, Jr., Senior Vice President
9 Ascot Manor
Atlanta, GA 30327

Richard K. Whitney, Chief Financial Officer
919 Duncan Ave
Manhattan Beach, CA 90266

Steven I. Grieger, Assistant Treasurer
1869 Parkview Dr. NE
Tacoma, WA 98422

H.W. Guy Seay, Vice President
611 Kingman Ave.
Santa Monica, CA 90402

Corinna B. Polk, Assistant Secretary
1731 Camden Avenue
Los Angeles, CA 90025

Dennis L. Kogod, Chief Operating Officer
28 Via Mira Monte
Henderson, NV 89011

**Organizational Structure
Alexandria Dialysis**

DaVita, Inc.
(a CA Corp.)
601 Hawaii Street
El Segundo, CA 90245
E.I.N. 51-0354549

Owns 100% of

DVA Renal Healthcare, Inc.
(a TN Corp.)
601 Hawaii Street
El Segundo, CA 90245
E.I.N. 62-1323090

Owns 100% of

d/b/a
Alexandria Dialysis
5150 Duke Street
Alexandria, VA 22304